

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MD		
O.I.P.E. CLASSIFIER		21	11-26
FORMALITY REVIEW	TB	Jc 1108	12-05-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) ... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
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39	✓
40	✓
41	✓
42	✓
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44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final	
Original	
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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BEST AVAILABLE COPY

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